



IMPLEMENTATION OF ROUTINE PERINATAL MENTAL HEALTH ASSESSMENT IN MEDICAL COLLEGE MATERNITY UNITS (AN AUDIT FOR QUALITY IMPROVEMENT PROJECT)

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INTRODUCTION

Perinatal mental illness is a significant complication of pregnancy and the postpartum period. Globally, common mental disorders including depression and anxiety are one of the largest contributors to maternal morbidity and mortality.¹ A disproportionate burden of perinatal common mental health problems is borne by low and middle income countries.²

In India, traditional confinement practices after childbirth, persisting stigma towards mental disorders, past history of depression, anxiety or bipolar disorder, socioeconomic deprivation, intimate partner violence and low socioeconomic status act as risk factors for the development of mental disorders for many women.³

The prevalence of perinatal depression in India has been estimated at 22%.⁴ Additionally, an estimated 7.6% of women in India experience suicidal ideation in pregnancy an important contributor to maternal mortality. Perinatal psychiatric disorders impair a woman's function and are also associated with suboptimal development of her offspring. The perinatal period, which we here defined is pregnancy and the first year postpartum.

India, being the second world's largest population, concentrates mainly on the provision of Antenatal Care services and institutional deliveries to reduce maternal mortality. The issue of maternal mental health was barely addressed by the healthcare care providers especially those in the public sectors because of the increase patient load.

The mental health problem in women is multidimensional and complex. Hence, being the front-line care provider it is the duty of the health care professional and maternity units to provide perinatal mental health care.

AIM OF THIS AUDIT

The aim of this Quality Improvement Project was to audit and implement the perinatal mental health care assessment as routine in medical college maternity units.

OBJECTIVE

- To provide awareness about mental health care and implement routine perinatal mental health assessment for all women in perinatal period.
- To screen, diagnose and treat mental health disorders at the earliest.

METHODOLOGY

RETROSPECTIVE AUDIT

Study participants: 100 women (50 Antenatal and 50 Postnatal up to one year of childbirth) who attended maternity services

Study period: six months from January 2021 to June 2021

Data collection: Systematic sampling from the Notes in antenatal and postnatal wards. They were also telephoned to enquire about their perinatal mental health.

Method: We sought to explore if the perinatal mental health care assessment was received by these women according to the standard NICE guidelines.

STANDARD: NICE GUIDELINES

Two preliminary 'case finding' questions each for anxiety and depression:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?
- Over the last two weeks, how often have you been bothered by feeling nervous, anxious or on edge?
- Over the last two weeks, how often have you been bothered by not being able to stop or control worrying?

Those positive were then screened using validated tool such as EPDS and GAD-7 scale and referred to specialist.

None of the resident or staff was aware of the NICE guidelines. Hence we trained the staff and residents regarding the significance of mental health care and the need for assessing at each visit. The importance of mental health care was emphasized to all perinatal women by creating awareness and Information Education Posters were also displayed in antenatal, postnatal, immunization clinics& wards.

This was followed by implementation of routine perinatal mental health care assessment, PDSA cycles and finally re-audit.



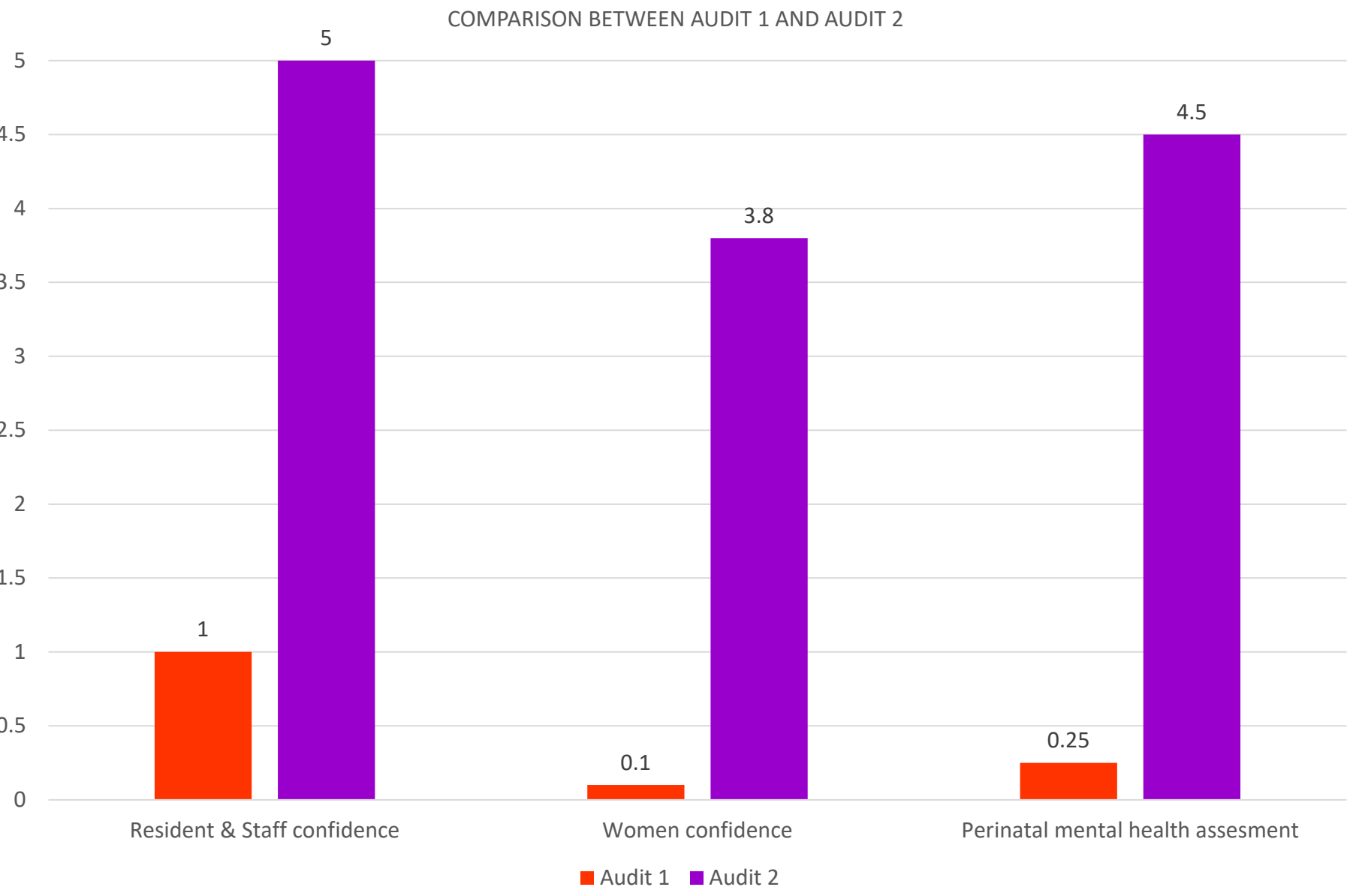
RESULTS

AUDIT:

- We noted retrospectively from the patient notes, that 95% of women did not receive perinatal mental health care assessment. Only 5% of women with symptoms received the assessment and were referred to psychiatric specialist for counselling and treatment.
- During the telephone enquiry, almost 90 percent of women agreed that they suffered from one or more symptoms of anxiety and depression during the perinatal period. However, they denied consultation/ treatment due to social stigma, fear of judgement and fear of separation from the baby.

PDSA CYCLE 1	PDSA CYCLE 2	PDSA CYCLE 3
During the first PDSA, we trained 25 residents and staff regarding the NICE preliminary "case finding question" of depression and anxiety	During the second PDSA, it was found most of women were reluctant to answer the preliminary "case finding question" of depression and anxiety. They were 0/5 confident in speaking about perinatal mental health issues.	After third PDSA, residents and staff were 5/5 confident in screening. Women were 3/5 to 4/5 confident in speaking& answering about perinatal mental health issues.
Prior to the training, they rated their confidence in screening on a scale of 0 to 5 as 0/5, 1/5. Post training, all 25 of them were 5/5 confident in preliminary screening	Staff and residents emphasized the importance of perinatal mental health care at each visit.	The compliance of routine perinatal mental health care assessment in medical college maternity units has increased from 5% to 90% over the period of next six months

AUDIT 1 Vs AUDIT 2



DISCUSSION

Perinatal mental health disorders has been associated with adverse pregnancy outcomes such as intrauterine growth restriction, low birth weight, prematurity, poor bonding, poor breastfeeding practices as well as long term effects on emotional, behavioural and cognitive development in the children.⁵

Treatment for perinatal mental disorders may involve psychotherapy, such as cognitive behavioural therapy or interpersonal therapy for mild, moderate cases and pharmacotherapy for more severe cases. With treatment, approximately 70–80% of women recover from a perinatal mental health problem.

CLINICAL IMPACT OF THIS PROJECT

Since perinatal period is the one, where women are likely to be in contact with the health system, routine perinatal mental health screening will be the first step towards decreasing maternal morbidity. Apart from obstetricians, pediatricians and community health workers also should be upskilled for establishing primary maternal mental health care. Mental health specialist should be available as a point of referral for women with moderate and severe mental illness.

CONCLUSION

Hence, improving the awareness and screening paves the way for early detection and management of mental health disorders among women during the perinatal period. Thus we intend to continue this Quality Improvement Project in order to improve the mental health amongst the women, so as to improve the quality of their life and to ensure continuity in delivery of services.

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